

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445506	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  05/30/2013
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY - FAIRFIELD GLADE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARITAN WAY CROSSVILLE, TN 38558		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 225 SS=D	<p>An annual Recertification survey and complaint investigation #31384, and #31747 were completed on May 30, 2013, at Good Samaritan Society at Fairfield Glade. No deficiencies were cited related to complaint investigation #31747. Deficiencies were cited related to complaint #31384 under 42 CFR Part 483, Requirements for Long Term Care Facilities, 483.13(c)(1)(II)-(III), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p>	F 225	<p>F 225</p> <p>1. C.N.A #3 and #2 are no longer employed at facility thus interviews are not able to be conducted at this time for a complete investigation</p> <p>2. All residents have the potential to be affected by this deficiency</p> <p>3. Re-education was provided to all staff on GSS Abuse and Neglect Policy and Procedure by 6-19-13.</p> <p>4. A sampling of residents will be interviewed and audited using QIS interviews from section "G" and "H" from the Resident Interview and Resident Observation questions. GSS #401 (Accident and Incident Report Forms) will be audited for three months to ensure that allegations of neglect are thoroughly investigated and immediately reported to the Facility Administrator. Results will be reported to the Quality Assurance Committee for evaluation of effectiveness of improvement measures.</p>	7-14-13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY - FAIRFIELD GLADE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARITAN WAY CROSSVILLE, TN 38558		
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F 225	<p>Continued From page 1</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to thoroughly investigate an allegation of neglect for one (#7) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Review of a facility investigation dated March 12, 2013, revealed on March 8, 2013, resident #7 reported to Certified Nurse Assistant (CNA #2) that on the previous shift, CNA #3 had told the resident that it would be awhile before the resident could be assisted to the bathroom, to just use the incontinence brief the resident had on, and the staff would change it later. Continued review revealed CNA #2 reported to Licensed Practical Nurse (LPN) #1 the resident's concerns and the LPN reported the resident's concerns to administration.</p> <p>Continued review of the facility investigation dated March 12, 2013, revealed written statements from LPN #1 and CNA #2, and a verbal statement from the resident, no statements from CNA #3 (accused), or CNA #4 (CNA who</p>	F 225	<p>F225</p> <p>MDS Coordinator has reviewed residents care plans and updated as needed. Resident #7 care plan has been updated to address toileting schedule. In-service was done by the DNS on answering call lights timely and updating care plans on 6-26-2013.</p> <p><i>DNS = Director of Nursing Services.</i></p>		

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F 225	<p>Continued From page 2 worked the shift with CNA #3 March 6, 2013).</p> <p>Interview on May 28, 2013, at 2:30 p.m., in resident #7's room with resident #7, revealed the resident uses the call light to seek assistance to the bathroom. Continued interview revealed the resident could not recall the incident on March 6, 2013, but did reveal the resident frequently has to wait for assistance to the toilet.</p> <p>Interview on May 29, 2013, at 3:05 p.m., in the Nandina dining area with CNA #4 revealed CNA #4 was not asked to provide a statement regarding the neglect allegation for March 6, 2013. Continued interview revealed approximately 20 minutes before the end of the shift, resident #7 did turn the call light on and CNA #3 went to the resident's room. When CNA #3 returned to the desk no comments were made as to what the resident needed. Continued interview revealed CNA #4 had worked for several months with CNA #3 and CNA #4 had never heard CNA #3 tell a resident to use the brief to toilet instead of taking a resident to the bathroom. Continued interview also revealed resident #7 used the call light to get assistance to the bathroom and would occasionally call for assistance too late.</p> <p>Interview with the Director of Nursing (DON) on May 29, 2013, at 3:30 p.m., in the conference room revealed CNA #3 and CNA #2 were no longer employed by the facility, and the DON confirmed the investigation from the March 6, 2013, allegation of neglect was not thoroughly investigated.</p> <p>C/O #31384</p>	F 225			

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F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to update a care plan for one resident (#71) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #71 was admitted to the facility on March 23, 2013, with diagnoses including ORIF (Open Reduction Internal Fixation) of Hip, Acute Kidney Failure, Hypertension, Hypothyroidism, and Parkinson's Disease.</p>	F 280	<p>F280</p> <ol style="list-style-type: none"> <li>1. Care plan for resident #71 was updated by the MDS Coordinator on 05/31/2013 to reflect resident's change of condition and current care needs.</li> <li>2. All residents have the potential to be affected by this deficiency</li> <li>3. Re-education was provided to all licensed nursing staff on GSS Care Planning policy and procedure with the direction to update resident's care plan immediately with changes in condition / changes in care needs by 6-27-13.</li> <li>4. Care plans will be audited by Director of Nursing weekly X 4 week, then monthly X 2 months. Results will be reported to the Quality Assurance Committee for evaluation of effectiveness of improvement measures.</li> </ol>	7-14-13	

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F 280	Continued From page 4 Medical record review of a Physician's note dated March 24, 2013, revealed the resident "...is now chronic (kidney) failure..." Continued review of the Physician's note from that date revealed the resident had been receiving hemodialysis to treat the kidney failure, however "...decided not to resume HD (hemodialysis) so (res) has been on comfort care..."  Medical record review of the Care Plan revealed "...Alteration in health status...renal dialysis..." which had been discontinued. Continued review of the Care Plan revealed no update to include the resident's change in status related to discontinuation of hemodialysis.  Interview with the Director of Nursing (DON) and Minimum Data Set Coordinator (MDS) on May 30, 2013, at 10:00 a.m., in the Conference Room, confirmed the Care Plan had not been updated to reflect the change in medical status of the resident. The DON and MDS Coordinator confirmed they would expect the Care Plan to have been updated to reflect the discontinuation of dialysis services.	F 280	F280 All care plans have been reviewed by the MDS Coordinator and updated as needed. In-service on change in condition was done by the DNS on 6-27-13.  <i>WTS - Director of Nursing Services</i>		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation,	F 312			

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F 312	<p>Continued From page 5</p> <p>and interview, the facility failed to ensure toileting assistance was provided for one resident (#7) and failed to provide nail care for one (#37) resident of twenty four residents reviewed.</p> <p>The findings included:</p> <p>Review of a facility investigation dated March 12, 2013, revealed on March 6, 2013, resident #7 reported to Certified Nurse Assistant (CNA #2) that on the previous shift, CNA #3 had told the resident that it would be awhile before the resident could be assisted to the bathroom, to just use the incontinence brief the resident had on, and the staff would change it later.</p> <p>Interview on May 28, 2013, at 2:30 p.m., in resident #7's room with resident #7, revealed the resident uses the call light to seek assistance to the bathroom. Continued interview revealed the resident could not recall the incident on March 6, 2013, but did reveal the resident frequently has to wait for assistance to the toilet.</p> <p>Interview on May 29, 2013, at 3:05 p.m., in the Nandina dining area with CNA #4 revealed resident #7 used the call light to get assistance to the bathroom.</p> <p>Resident #37 was admitted to the facility on February 28, 2012, with diagnoses including Dementia, Chronic Pain, and Delusions.</p> <p>Medical record review of Care Plan dated April 25, 2013, revealed the resident required assistance with all activities of daily living including bathing, grooming, oral care, and required finger foods for meals.</p>	F 312	<p>F312</p> <ol style="list-style-type: none"> <li>1. Resident #7 is being provided assistance to toilet when requested. Resident #37 had hands washed and fingernails cleaned on 05/30/2013. Resident #37 care plan was updated to include hand washing with nail care after each meal.</li> <li>2. All residents dependent on staff for ADL assistance have the potential to be affected by this deficiency.</li> <li>3. Re-education was provided to all C.N.A. staff by staff development coordinator on assisting residents timely with ADL assistance by 6-27-13.</li> <li>4. A sample of residents requiring staff assistance with ADLs will be interviewed regarding timely assistance with toileting. Residents grooming will be observed 2 X weekly for 4 weeks, then weekly X 1 month. Results will be reported to the Quality Assurance Committee for evaluation of effectiveness of improvement measures.</li> </ol>	7-14-13	

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NAME OF PROVIDER OR SUPPLIER

GOOD SAMARITAN SOCIETY - FAIRFIELD GLADE

STREET ADDRESS, CITY, STATE, ZIP CODE

100 SAMARITAN WAY

CROSSVILLE, TN 38558

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F 312	Continued From page 6  Observation on May 28, 2013, at 11:50 a.m., in the Nandina dining area revealed the resident sitting in the wheelchair and all ten fingernails had debris under the nail tips.  Observation on May 28, 2013, at 12:15 p.m., in the Nandina dining area revealed the resident feeding self pieces of bread with the fingers and all ten fingernails had debris under the nail tips.  Observation on May 29, 2013, at 10:15 a.m., in the Nandina dining area revealed the resident sitting at the table waiting for breakfast and all ten fingernails had debris under the nail tips.  Observation on May 29, 2013, at 10:30 a.m., in the Nandina dining area revealed the resident feeding self bacon and pancakes with the fingers and all ten fingernails had debris under the fingernails. Observation on May 29, 2013, at 12:10 p.m., in the Nandina dining area revealed the resident sitting in the wheelchair near the dining room table and all ten fingernails had debris under the nail tips and Certified Nurse Assistant (CNA) #1 was feeding the resident lunch.  Interview and observation on May 30, 2013, at 10:30 a.m., in the Nandina dining area with CNA #1 revealed the resident seated at the table with oatmeal, toast, and chocolate ensure for breakfast. Observation revealed all ten fingernails had debris under the nail tips and the resident was feeding self toast. Continued interview with CNA #1 confirmed the resident eats with the fingers and debris was present under the nail tips.	F 312	F312 MDS coordinator assessed all Residents for ADLs and care plans were updated as needed. DNS in-serviced nursing staff on 6-26 and 6-27 on residents who are dependent on staff for ADLs such as toileting, hand and nail care, ie.  <i>ADRs - Activities of Daily Living</i> <i>DNS - Director of Nursing Services</i>	

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F 312	Continued From page 7	F 312			
F 323	C/O #31384	F 323	F323		
SS=D	483.26(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES		1. Resident #2 care plan was updated on 05/30/2013 with appropriate fall prevention interventions. A resource list of potential interventions for fall prevention is now posted at each nurse's station. 2. All residents at risk for falls have the potential to be affected by this deficiency. 3. Re-education was provided to licensed nurses on individualizing resident's care plan to include fall prevention measures by 6-27 4. DNS or designee will audit care plans and observe cares to ensure care plan approaches are being followed weekly X 4 weeks, then monthly X 2 months. 5. Results will be reported to the Quality Assurance Committee for evaluation of effectiveness of improvement measures.	7-14-13	
	The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.				
	This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility policy, and review of facility investigation, observation, and interview, the facility failed to implement and/or update safety interventions for falls for one resident (#2) of twenty-four residents reviewed.				
	The findings included:				
	Resident #2 was admitted to the facility on February 28, 2013, with diagnoses including Alzheimer's Disease with Dementia, History of Falls with Compression Fracture of Lumbar Spine (L1), and Depression.				
	Medical record review of the 30 Day Minimum Data Set (MDS) assessment dated March 26, 2013, revealed the resident had severe cognitive impairment and poor safety awareness. The resident was ambulatory with the aid of a walker or wheelchair and required extensive staff assistance with transfers and Activities of Daily Living.				



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F 323	<p>Continued From page 8</p> <p>Review of facility policy, Fallen or Injured Resident, dated November 2002 and revised October 2012 revealed "...21. monitor the resident's condition and effectiveness of interventions in place to prevent further falls..."</p> <p>Review of a facility investigation dated April 23, 2013, revealed the resident "...slid from the bed to the floor...on buttock..." Protective floor mats were in place and the resident did not sustain an injury. The post fall intervention implemented was "...remind the resident to ask for assistance with transfers and use the call light for assistance to get out of bed..."</p> <p>Review of a facility investigation dated May 18, 2013, revealed the resident had a witnessed fall, in the resident's room, at 11:00 p.m. Continued review of the facility investigation revealed a Certified Nursing Assistant (CNA) was passing the resident's room and saw the resident attempt to get out of bed unassisted. The resident slid down the bed and landed on the knees. The personal safety alarm was sounding and fall mats were already in place at the resident's bedside. No injury was identified when assessed by the nurse immediately following the incident.</p> <p>Observation in the resident's room on May 29, 2013, at 2:00 p.m., revealed the resident rising unassisted from a chair and the personal alarm sounding. Continued observation revealed the staff responded immediately to assist the resident.</p> <p>Interview with CNA #5 on May 29, at 4:10 p.m., near the Nandina nursing station, confirmed on</p>	F 323	<p>F323</p> <p>For resident #2 fall interventions-- bed in low position, assist to bathroom, bed alarm. Resident was discharged to home. All care plans were reviewed by the MDS Coordinator and all were updated as needed. DNS in-serviced nursing staff on falls intervention on 6-26 and 6-27.</p> <p><i>DNS- Director of Nursing Services</i></p>		

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F 323	Continued From page 9 May 18, 2013, the CNA was passing the resident's door at the time of the fall, but "...just couldn't get to (resident) fast enough..."	F 323		
F 431 SS=D	Interview with the Administrator on May 30, 2013, at 3:40 p.m., in the Administrator's office, confirmed the resident had dementia and a known history of falls. The Administrator confirmed the intervention of "...remind the resident to call for assist with transfers/ambulation..." was inadequate to ensure the resident's safety and prevent future falls.  483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 431		

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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY - FAIRFIELD GLADE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARITAN WAY CROSSVILLE, TN 38558		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 431	<p>Continued From page 10</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to remove expired medications from the shelf in one of two medication rooms observed.</p> <p>The findings included:</p> <p>Observation of the medication room on the Nandina wing on May 30, 2013, at 8:40 a.m., revealed two bottles of Ranitidine (antacid) 75 milligrams (mg) with 80 tablets in each with an expiration date of January 2013. Continued observation of the medication room on the Nandina wing revealed two bottles of Ranitidine 75 mg with 30 tablets in each with an expiration date of March 2013.</p> <p>Interview with the Unit Coordinator on May 30, 2013, at 9:45 a.m., in the medication room, confirmed the medications were expired but were still on the shelf and available for resident use.</p>	F 431	<p>F 431</p> <ol style="list-style-type: none"> <li>1. Expired medications were removed on May 30, 2013. Consulting pharmacist was notified on May 31, 2013. Consulting pharmacist will check medication carts / medication room for expired medications every two weeks.</li> <li>2. All residents have the potential to be affected by this deficiency.</li> <li>3. Licensed nurses were re-educated on GSS Procedure on Medication Acquisition, Receiving, Dispensing, and Storage on (date) or by (date). Night shift charge nurse will check medication charts / medication room weekly for expired medications and if expired medications are identified remove them from service and notify pharmacy by 6-27-13</li> <li>4. Unit managers will audit medication carts / medication room weekly check logs weekly X 4 weeks, then monthly X 2 months.</li> <li>3. Results will be reported to the Quality Assurance Committee for evaluation of effectiveness of improvement measures.</li> </ol>	7-14-13	

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  05/30/2013
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY - FAIRFIELD GLA			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARITAN WAY CROSSVILLE, TN 38558		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 002	1200-8-6 No Deficiencies  An annual Licensure survey and complaint investigation #31384, and #31747 were completed on May 30, 2013, at Good Samaritan Society at Fairfield Glade. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 002	F431 DNS educated nursing staff on the importance of removing outdated medications on 6-26 and 6-27.  DNS - Director of Nursing Services		

Division of Health Care Facilities

TITLE

(X6) DATE

A. STATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

8888

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If continuation sheet 1 of 1